2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000012031 1. Entity Name PARK MODEL CITY & RV SALES, LLC



FILED Jan 18, 2008 8:00 am Secretary of State 01-18-2008 90017 033 ***138.75

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Principal Place of Business 17021 UPRIVER DRIVE NORTH FORT MYERS, FL 33917 US		Mailing Address 17021 UPRIVER DRIVE NORTH FORT MYERS, FL 33917 US				60002342				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082008	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State			4. FEI Numb			 	plied For t	
Zip	Country	Zip Cour		itry		of Status Desired		\$5.00 Addi	itional	
					7 Name an	d Address of New C		· '	1	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
PHELPS, LYNDA 17021 UPRIVER DRIVE				Name Street Address (P.O. Box Number is Not Acceptable)						
NORTH FORT MYERS, FL 33917										
			City			FL	Zip Code	9		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.7	5	·				te check p a Departm	nayable to nent of State		
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGES			
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I 11. I hereby :	certify that the information supplied w	ith this filing does not qualify I	for the ex-	emptions contair	ned in Chapter 11	9, Florida Statutes, 1	turther certil	iv that the info	rmation	

Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I format in the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oalt; that I am a managing member or manager of the limited liability company or the receiver or trustee empowared to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: E THE LOS (LYNDA E. The LOS)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE